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ABSTRACT

This paper presents a review of the research related to the development of self concept in both "normal" and "abnormal" children. The problems and limitations of self concept research are discussed, followed by an analysis of self concept as related to: (1) the developmental factors in childhood (with specific references to the work of S. Coopersmith), and (2) the various psychological disorders of childhood (anxiety, schizophrenia, and non-schizophrenic psychosis). An experimental approach to the study of self concept based on social role is examined. (SET)

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DEVELOPMENT OF THE SELF-CONCEPT IN CHILDHOOD

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The relevance of the study of the self-concept to the realm of developmental psychology is best summarized by Wylie (1961) who states: "as is well known, self-concept theorists believe that one cannot understand and predict human behavior without knowledge of the subject's conscious perceptions of his environment, and of his self as he sees it in relation to that environment." The research for this paper was begun with a twofold purpose in mind: 1) to uncover those factors within development which are most active in the formation of the self-concept and those factors subsequently most affected by that self-concept; and 2) to uncover what deviations from "normal, healthy" self-concept have been most often observed in children suffering from various psychological disorders.

It soon became apparent, however, that besides being beset with some of the problems of any comparatively new field of study, the realm of self-concept research has been sorely plagued by inconsistent terminology, ambiguous theoretical formulations, and direct contradictions among results. The most pervasive flaw in this area of research has been an apparent lact of communication among its investigators. It is essential to have some comprehension of the type and magnitude of problems that have been encountered in research on self-concept before one can appreciate a study of the relationship of self-concept to developmental factors and to psychological disorders in childhood. Therefore, the first part of this paper will attempt to synthesize these problems.

Overview - Problems in Self-Concept Research

One of the most predominant and easily avoidable faults in self-concept research is that of methodological flaws. A typical case is presented by Perry (1961) who states that she found it necessary to redo the entire original study in her area (self acceptance and adjustment) by Taylor and Coombs (1951) not only because it lacked a report of statistical procedures,

but because she discovered that it had been set up with a circular design. The experimenters had compiled a list of statements, which were damaging to the self, and had submitted these statements to groups of "well-adjusted" and "mal-adjusted" children with the hypothesis that the former group would admit to more of the statements because they were not as prone to avoid anxiety producing situations. Their data substantiated their hypothesis. Empirically, however, the experiment was nearly worthless because they had used the California Test of Personality to determine "adjustment" of the children in the first place, and this test itself contained self-damaging statements, making the design a circular one. In redoing the study on a firmer empirical basis, Perry reversed the results of the original experiment, i.e., her data failed to substantiate the hypothesis.

Another characteristic methodological flaw is the type of self-concept rating scale often administered to children in which they are asked to make a choice between two polar character traits: good---naughty, dirty---clean, ugly---pretty, etc.. The possibilities for extraneous variables which could effect the child's responses to such choices are staggering. The most notable of these is the "defensive" self-concept discussed by Coopersmith (no date), Fannin and Clinard (1965), and Leventhal and Sills (1964). A child, and even an adult, is likely to express an image of himself which he feels is socially acceptable and expected even though it may not represent his actual perception of himself at that time. Bledsoe (1964) found that girls, in particular, are prone to do this. To present a child with a situation in which he is forced to choose either of two opposite traits, one of which is obviously "acceptable" and the other of which is not, enhances the likelihood that he will choose the acceptable.

Many experimenters have attempted to circumvent this problem by putting each pair of traits on a continuum on which the child has a choice as to the degree of goodness or badness, or can introduce the time element into the situation. For example: Naughty_ _ _ _ _Good, Ugly_ _ _ _ _Pretty, etc., or "I am happy: all of the time__, most of the time__, some of the time__, never__." The child is to mark the blank that he feels is true of himself, and in the first case is told that the closer it is to the word, the more like that word he is. Here, at least he can choose to rate himself as average by marking the middle blank. Although this approach

does lessen the effects of the potential "defensive" self-concept, it does not escape them altogether. Also, this method is obviously limited to older children. For these reasons some experimenters (Coombs et. al, 1963) have discontinued use of the child's self-rating all together, but have accepted instead the rating of an adult who may have observed the child for as little as 1 1/2 hours. This method certainly avoids the possibility of contamination by the "defensive" self-concept, but it also obviously loses any value as a self-rating. Finally, Coopersmith (1967) points out the fallacy of a third popularly applied method of rating, the mother's report. He notes that "studies (Yarrow et. al., 1964; Pykes et. al., 1935) have indicated that mothers' reports of long past behavior are frequently erroneous or distorted.

As extreme as the above examples are, they do not, unfortunately, represent isolated cases. Brauer (1962) points out that children's answers on self-concept scales have been proven to be influenced by the wording of items, by the personality and manner of the experimenter, by the environmental conditions under which the tests are administered, and by any moral prohibitions involved. Since researchers have employed widely differing kinds of measuring devices to determine self-concept, from trait variables and sentence completion tests as mentioned above, to psychoanalytic interpretations of children's drawings of human figures (Patterson and Witkin, 1970), and since these may not all be measuring the same aspect of the self-concept, if indeed they all measure any aspect of it, there has been far too much inconsistent data produced. Steps should be taken soon to coordinate research efforts and to develop devices that reliably and accurately measure specific aspects of the self-concept and which are not easily influenced by outside factors. Cambell and Fiske (1959) recommend the use of two or more tests to measure any propositional trait in order to provide a convergent validation. If the results of the two tests do not correlate, which is a common occurence in the self-concept field, then Cambell and Fiske list three possible reasons for the lack of correlation: "1) none of the tests is adequate for measuring the trait, 2) one of the tests does not really measure the trait, or 3) the trait is not a functional entity." Since there has been so little correlation among the various tests of self-concept, one of these three possibilities is

probably at fault. As Cambell and Fiske note, such a failure to demonstrate convergence should not necessarily lead to abandonment of the tests, but may lead instead to revised conceptualization.

The second of Wylie's chief criticisms of [illegible] research to date is that many investigators postulate inferred variables as factors in the establishment of the self-concept. She points out that there is no place for such variables in a purely scientific study, especially one which is already beset with a multitude of problems. One example of such an inferred variable was discussed by Bennet (1964) in her study of the relation between the size of figure drawing and the self-concept. She pointed out that some investigators (Burke, 1948; Hammer, 1958; and Machover, 1949) had postulated that through the size of the human figures he draws, a child's self-concept may be inferred. That is, if a child draws a "small" figure, he is said to have a low self-concept, and if he draws a "large", "overblown", or "oversize" human figure, he is said to be overcompensating for a low self-concept. Not only were the terms "small" and "large" never defined adequately, but regardless of whether the child drew a small or a large figure, he was diagnosed as having a low self-concept! He must be able to hit that nebulous, in-between ground of "middle-sized" (again undefined) figure in order not to be classified as having a deviant, i.e., low, self-concept.

A third problem which has arisen frequently in self-concept research is the tendency for different experimental methods to produce different, often contradictory data. Four areas in particular in which such contradictory data have been published are: 1) the relationship of IQ and achievement to the self-concept; 2) the existence of consistent sex differences in children's self-concepts; 3) the relationship of age to self-concept; and 4) the relationship of socioeconomic status to self-concept. Bledsoe (1964) found that there was not a significant correlation between self-concept and IQ or achievement in 4th or 6th grade children. Bennett (1964) and Duncan (1966) however, both found these variables to be positively correlated to a significant degree. Bledsoe did find a significant difference between the self-concepts of boys and girls in his study, while Piers and Harris (1964) found no significant differences between sexes in the 3rd and 10th grades. Philips (1963), Grant (1962),

and McCallon (1966) all found significant differences between the self-concepts of younger and older children, while Piers and Harris and Bledsoe found no age differences. Finally, Rosenberg (1963) and Silverman (1964) found no significant correlation between socioeconomic status and self-concept, but Farnham-Diggory (1966) did find that social status was a significant contributing factor to childrens' self-concept formation.

Such contradictions in empirical evidence point up the need for the development of reliable and consistent scales and devices of measurement and rating within the area of self-concept research. Almost every investigator has either developed his own rating device, or has patterned his loosely after someone else's. There is, then, a real need in the field for 1) the development of well validated means of rating self-concept, and 2) a more consistent and precise application of scaling and assessing procedures applied to these means, so that comparisons of data between studies is easier and more meaningful.

In concluding her analysis of research on self-concept, Wylie summarizes four basic faults which have consistently hampered progress in this field: "1) the lack of proper scientific characteristics of the theories themselves; 2) the inevitable difficulties encountered in formulating relevant, well-controlled research in a new area; 3) the understandable fact that individual investigations within a new field are not part of a planned research program, and cannot therefore be easily synthesized; and 4) avoidable methodological flaws." All of these faults are characteristic of the early stages of investigation of a new frontier within scientific endeavor. There is usually a period of "prescientific investigation" into the area, and this normally develops into a scientific, i.e., empirical, pursuit for explanations of observed or hypothesized phenomena within the area. However, it is long past time that such a transition be made within the field of self-concept research. The prescientific period has lasted far too long and steps should be taken soon to organize and coordinate research efforts.

Having completed this overview of the problems and limitations which have beset research on the self-concept, we can now present analyses of research into the particular relationships of the self-concept to 1) developmental factors in childhood, and 2) the various psychological dis-

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orders of childhood. With respect to the first topic, the work of Coopersmith (1967) is sine qua non in the field to date, but only because it is the sole comprehensive source available. The problems and limitations just discussed must be kept in mind as Coopersmith's data and conclusions are reviewed, for he, too, has fallen prey to many methodological flaws. After a discussion of Coopersmith's work relevant to the development of the self-concept in "normal" children, the "abnormal" child's self-concept will be discussed.

Coopersmith - The Antecedents of Self-Esteem

In his recent book, Antecedents of Self-Esteem (1967), Coopersmith defines "self'esteem" operationally in exactly the same manner that many previously noted investigators derined "self-concept", i.e., as the sum of a child's responses in an interview or questionnaire. For our purposes, then, the two terms may be considered synonymous, and since Coopersmith employs it, the term "self-esteem" will be used throughout this section of the paper.

Coopersmith deals with such topics as the effects of social background upon the development of self-esteem, the relationship between self-esteem and various parental characteristics, the relationship between self-esteem and the child's own personality traits, the effects of the parent-child relationship, and the relationship of independence training and the development of the self-esteem. Following a brief description of his methodology, Coopersmith's results and conclusions concerning these factors will be presented. The reader should evaluate Coopersmith's data and conclusions in terms of the criticisms presented in the previous section of this paper. However, one severely limiting reservation noted by Coopersmith himself early in his endeavor must precede this analysis: "we are not in a position to determine whether the conditions we find associated with self-esteem are antecedents, consequences, or correlates."

Methodology: Coopersmith bases his conclusions on data obtained from only 85 boys in the 5th and 6th grades, aged 10 to 12, who were given a self-rating scale and were rated by their teachers on a similar scale. The self-rating provided a subjective analysis (A) of the child's

self-esteem, and the teacher's rating provided an objective or behavioral analysis (B). Five groups of 17 boys each were selected from a much larger population according to the following criteria: 1) those who had high scores on both A and B; 2) those who had medium range scores on both A and B; 3) those who had low scores on both A and B; 4) those high on A and low on B, and 5) those low on A and high on B. It is important to keep in mind that Coopersmith, while often generalizing his conclusions to include all children, is actually basing them on data drawn from an entirely male sample, a practice which is questionable since there have been some data indicating significant sex differences.

The data were obtained from the 85 subjects through the following techniques, some of which, it should be noted, are subject to limitations discussed in the previous section. All 85 subjects were interviewed by a clinician and were administered the Childrens' version of the Thematic Apperceptive Test, The Wechsler IQ Scales for Children, a Rorschach test, and a Figure Drawing test. They were then run through a series of five experiments: a task to measure level of aspiration, a variation of the perceptual defense experiment involving stimuli for high and low affect, recall and repetition of success and failure experiences, susceptibility to pressures toward conformity, and motor and perceptual reactions to stress.

The purpose of these experiments was "to reveal how the self-esteem is related to aspirations and expectations, selectivity of perception and memory, constancy and independence of judgments, and the ability to tolerate and to deal with adversity." The data on antecedents were gleaned principally from an 80 item questionnaire filled out by the mothers which dealt with parental attitudes and practices related to child rearing, a 2 1/2 hour interview by the clinician or an experienced social worker with the mother, and the child's responses to the clinician's questions concerning his parents' attitudes and practices. Note that the fathers were never involved directly in the study. Any conclusions drawn concerning them were only indirectly inferred from other sources.

Influences of Social Background: Coopersmith's index of socio-economic status consists of a combined weighted ranking of father's in-

come and occupation. This, plus the fact that the upper and lower limits of SES were eliminated from the sample in the process of selecting subjects (he is dealing only with high, medium, or lower middle class subjects) make it not very surprising that the socioeconomic factor had no significant effect. However, Coopersmith still concludes that "broad social contexts and prestige hierarchies do not have as pervasive and significant effects upon self-esteem as is generally assumed, but suggest instead that conditions in the affective interpersonal environment are employed to judge whether one is appreciated and respected. Reflected appraisal apparently is given an immediate social context with such conditions as parental interest and father's occupational success assuming personal significance. The general social definition of success, which William James assumed to be commonly shared and accepted by all members of any given society, does not appear to be as common nor as potent an influence as he believed." (p. 94-95)

Parental Characteristics Related to Self-Esteem: Mothers of children with high self-esteem are themselves rated by psychologists and social workers as higher in self-esteem and more emotionally stable than mothers of children with low self-esteem. They are also more self-reliant and resiliant in attitudes and actions concerning child care, and accept their roles as mothers and carry them out effectively and realistically. Fathers of high self-esteem boys are likely to be more attentive to and concerned about their sons, and the sons are more likely to have confidence in their fathers and to confide in them. Parental interaction for children with high self-esteem shows greater compatibility and ease than for children of low self-esteem. There are more instances of "broken homes" and substitute parents (e.g., grandparents, foster parents, a step parent, etc.) for low self-esteem children. High self-esteem families are characterized by clearer authority patterns, usually with the father in the authority role and in areas of responsibility, than are low self-esteem families. Coopersmith concludes that: "parents of children with high self-esteem no doubt provide clearer, stronger models on how to deal effectively with everyday problems and decisions' (p. 117) and are more likely to emphasize achievement, while parents of children with low self-esteem emphasize making oneself acceptable to others, i.e., com-

pliance and conformity.

Characteristics of the Subjects: Among these factors it is particularily difficult to distinguish antecedents, consequences, and merely correlates. Coopersmith considers the following five categories related to the self-esteem: Physical attributes - children of low self-esteem start walking later (based on mother's report), are later in early motoric development, and are less likely to be "robust, well-formed, well coordinated, and strong." The reasons for this, Coopersmith postulates, are a lack of parental stimulation, slower maturation, and greater weight as infants. Neither height nor attractiveness were found to be related to self-esteem, the former probably because there is no clear line between fast and slow growers yet at this age, i.e., there is still a lot of diversity in height, and the latter because physical attractiveness is simply of no concern to boys of this age range.

Ability and Academic Performance - Mothers rate sons with high self-esteem as more effective in relations with peers. Academic performance is related positively and significantly to self-esteem, but this is not thought to be a major contributing factor in itself with reference to the development of the self-esteem since it is the parents' reactions concerning this factor which seem to be of the greatest importance.

Affective States - Coopersmith used total affect both positive and negative, expressed in the sentence completion test and draws these conclusions: persons of low self-esteem express less affect, i.e., "have a more impoverished emotional life;" high levels of negative affect are more likely to be found in children with low self-esteem (the former measured by the Taylor Manifest Anxiety Scale); based on mothers' reports, children with high self-esteem are more likely to express and communicate pleasant, positive emotions, while children with low self-esteem are more likely to be despondent and unhappy. Coopersmith concludes that "persons of high self-esteem are expressive, happy, and relatively free from anxiety; persons of low self-esteem are less expressive, less happy, and relatively anxious."

Problems and Pathology - From data based on the mother's interview and the child's questionnaire, Coopersmith concludes "persons of low self-esteem are more destructive, more anxious, and more prone to psy-

chosomatic symptoms than are persons medium or high in self-esteem. But they are no more aggressive or delinquent, presumably because such acts require qualities of initiative and assertiveness that are lacking in individuals with low-self-esteem." (p. 133)

Self Values - Coopersmith continues to generalize from his sample of 10 to 12 year old boys to "persons." He states: "Persons of low self-esteem accept social definitions of values more than do persons of high self-esteem, who rely more independently upon their own judgments. Persons of medium self-esteem are the most concerned about values, apparently because they use them to stabilize their ambiguous self-esteems." The reasons for which Coopersmith thus apparently equates a "medium" with an "ambiguous" self-esteem are not spelled out and do not seem conceptually clear. Why cannot a person consider himself to be unambiguously average? Based on Ideal-self versus Real-self ratings, Coopersmith notes that: "persons with lower self-esteem not only set lower standards, they also fall shorter of achieving them." He also finds that people with high self-esteem have less discrepancy between their real and ideal self-ratings, but "this may be due to the fact that they are already closer to the ceiling of 100 on the rating scale on the real-self rating and thus cannot express a much higher ideal self. With respect to achievement goals, Coopersmith feels that a person of low self-esteem may desire success just as much as does the person of high self-esteem, but he actually expects it less.

Early History and Experiences: From data based on subjects' and mothers' interviews with the clinician or social worker, Coopersmith notes that "self-esteem is higher among first born and only children; children of high self-esteem are less likely to have experienced frequent non-serious problems during early childhood, but are just as likely to have experienced serious traumata." This latter finding is not really as unusual as it first appears, for it is the recurring, long-term problems that have some noticeable effects on the development of the self-esteem, not the short term ones even though these may be more severe. Family size and feeding practices were found to be unrelated to level of self-esteem, but the mother's "assuredness" of which practice to follow does relate, i.e., mothers who shift from breast to bottle feeding early in

infancy (before the normal time) are more likely to have children with low self-esteem. Further, children of high self-esteem were found to have been less likely to have been "loners" in early social relationships, and were more likely to have had close sibling relationships.

Parental-Child Relationships - Acceptance: Data for this topic was gleaned from the mothers' questionnaires, the childrens' questionnaires and TAT responses, and the interviewers' ratings of the mothers. Some of the major conclusions were: Mothers of children with high self-esteem are more loving and have closer relationships with their children than do mothers of children with medium self-esteem, and both of these are much more loving and attentive than are the mothers of low self-esteem children. The closer relationships are characterized by interest in activities, concern about companions, availability, and congenial joint activities, all of which the child views as favoring and supportive behavior on the mother's part. As Coopersmith notes: "this is success in its most personal expression - the concern, affection, and time of significant others." Indirect implications that Coopersmith draws include: that in families of low self-esteem children "we find conditions of isolation and deprivation such as those that have been proved to have debilitating effects in human and infrahuman subjects. The parents in these families are more likely to withdraw from their children, and by their inattentive and neglectful treatment to produce a milieu that is physically, intellectually, and emotionally impoverished...they provide little sensory stimulation...and many of these deficiences may contribute to the development of the child's low self-esteem." (p. 180)

Parent-Child Relationship - Democratic Practices: From data based on the mothers' interviews and questionnaires, Coopersmith notes that "[illegible] of children with high self-esteem not only establish the closest and most extensive sets of rules, but are also the most zealous in enforcing them. This effectively establishes the authority of the parent, defines the environment, and provides standards by which the child can judge his competence and progress. Parental treatment within these limits is non-coercive and recognizes the rights and opinions of the child...The latitude that prevails within these general limits permits the child to enter into discussions as a significant participant and to gain

the benefits of self-assertion.' All of these points, then, relate to the fact that by being more restrictive in terms of setting the boundaries of what are acceptable behaviors, the parent is interpreted by the child as showing more concern with his welfare. Further, such parents are more likely to allow their children to express their views and complaints concerning these boundaries, to discuss them with the children in a more democratic fashion, and finally, to be less punitive when there are transgressions, i.e., to be more likely to sit down and talk with the child about the transgression rather than physically punish him. It seems to this author that Coopersmith may underestimate the importance of the latter of these two practices i.e., too many restrictions without the right to dissent will not be likely to lead to a warm family environment.

Concerning the low self-esteem group, Coopersmith finds that "the pattern in these families consists of few and poorly defined limits, and harsh and autocratic methods of control...within the limits, weak as they are, the parents of low self-esteem children are controlling, dictatorial, rejecting, and uncompromising...the lack of standards and the accompanying disrespectful treatment that prevail in these families cause the children to feel uncertain of whether and when they have succeeded, and to feel largely insignificant and powerless." (p. 215)

Parent-Child Relationship - Training for Independence: The data here is based solely on the mothers' questionnaires and interviews, and again not all variables are significantly different, so Coopersmith indiscriminantly discusses trends along with statistically substantiated results. "Independence" is defined as "freedom from the influence and control of others." Training for independence, i.e., being given latitude to explore the environment and social relationships, to move outside the family circle, and to develop private worlds of their own, results in more certain judgments of one's own personal worth. Both high and low self-esteem children have been able to free themselves from reliance on others and to form a definite self-esteem, either high or low, depending on the predominance of success or failure in their experiences. The high self-esteem person is accepted and successful within a broad social context, but without becoming dependent upon the appraisals of others for support. The low self-esteem subjects, on the other hand,

have experienced a series of failures, or at least what they perceive as failures, which they are unable to wholly or readily attribute to others, and for which they must therefore accept responsibility themselves. Coopersmith feels that it is children with a medium level of self-esteem who, because of overdependence upon their parents, are unable to establish definite self-esteems. He apparently assumes that a medium self-esteem is no self-esteem at all, and goes on to say that "the parents of children of medium self-esteem fail to provide much opportunity for their children to achieve successes they can call their own." He feels that they predominantly express only their own goals and attitudes and attempt to instill these in their children without encouraging the children to do their own thinking and evaluation of values, attitudes and opinions. Although this statement may apply to the boys he investigated, it seems very likely that it is a phenomenon that is limited to the age range of these subjects and would not be likely to hold true as these boys reach adolescence. Coopersmith views the person of medium self-esteem as generally average in performance and not certain of just where in the middle range he belongs. He is implying a cause-effect relationship which, in this case, seems at least equally tenable in the opposite direction, if not more so. That is, instead of a medium self-esteem leading to average performance, average abilities could lead to medium self-esteem, which would be an entirely realistic and emotionally healthy conclusion.

Summary and Integration: Thus, in his treatment of the development of self-esteem in childhood, Coopersmith emphasizes four basic factors: 1) the interaction between the parent and the child with respect to acceptance, 2) the importance of the clear delineation of limits of behavior, 3) the necessity of mutual respect between parent and child; and 4) the relevance of the parent's own self-esteem which provides a model for the child as his develops. Coopersmith observes numerous trends besides these in his intense program of research with his 85 subjects, and he draws a multitude of implications from them, not all based on statistically significant data, and certainly not all realistically generalizable to the whole population. As he himself notes early in the monograph: "the question is whether this sample of 85 subjects [all males 10 to 12 years of age] ... which has been subjected to a series of cross-validating

studies, provides as broad a basis for generalization as does a large sample that may have been less closely examined. Each reader will have to decide this issue for himself." (p. 18) In light of the limitations described in the first section of this paper, many of which apply to Coopersmith's tests and procedures, it would seem doubtful that Coopersmith's study advances the field rather than merely represent much that is wrong with it.

Having considered the major, representative study of the development of self-esteem in "normal" children, and continuing to bear in mind all the procedural and research limitations that it emphasized, we now turn to the task of relating the self-concept to the "abnormal" childhood represented by excessively anxious, schizophrenic, and non-schizophrenic psychotic children.

The Excessively Anxious Child

There have been numerous studies done in the area of excess, i.e., abnormal, anxiety in childhood. Many of these studies have emphasized the relationship of anxiety level to the discrepancy between the subject's "actual" and "ideal" self-images. As mentioned in the first part of this paper, there have been many devices and scales developed to measure self-concept, but the type most frequently applied in measuring both actual and ideal self-images has been one similar to that used by Lipsitt (1958). The child is given a list of trait-descriptive adjectives preceeded by the phrase "I am...," and then he is given the same list again, this time preceeded by "I wish I were...." The child is told to check the adjectives that apply to him. Sample adjectives are: friendly, happy, kind, brave, honest, likeable, trusted, good, proud, lazy, co-operative, cheerful, thoughtful, popular, courteous, jealous, obedient, polite, bashful, clean, and helpful. All except those underlined were rated as positive, i.e., socially desirable character traits. Those children who had the greatest discrepancy between their two scores, with the actual self-rating being less than the ideal one, were said to have a low self-concept. Empirical research into this particular area of the self-concept has not, fortunately, been plagued by the problems and contradictions evident in the field as a whole. Almost invariably the research has indicated that

there is a significant correlation between manifest anxiety and a low self-concept, even when different rating devices are applied.

Lipsitt (1958), using the instrument described above and the children's form of the Manifest Anxiety Scale (CMAS), found significant correlations between anxiety and low self-concept, with high anxious children producing the lowest self-concept ratings. Schwartz (1966) found that those disturbed children given a better prognosis by therapists were those who were least committed to the disturbed role. He found that these children showed more evidence of manifest anxiety than did those with the poorer prognosis, and that they rated themselves lower on the self-concept scale than did the poor prognosis group. That is, the children more committed to the disturbed role exhibited a delusional over-evaluation of their actual self-concept, while those less committed to that role showed a greater discrepancy between their actual and ideal self-images because they did not over-evaluate their actual self-concepts. Furthermore, these children showed more anxiety because of this greater discrepancy, i.e., they felt they were not as good (actual image) as they should be (ideal image). Schwartz states that "the relatively poorer self-meanings which the good prognosis subjects attribute to themselves...may be taken to mean that they have some anxiety about themselves. They are, because of that anxiety, good therapy risks since anxiety reduction can be used by the therapist as reinforcement." (p. 303) He further hypothesized that the child who is more committed to the disturbed role is less anxious about himself and thus has a relatively higher self-concept and is all the harder to cure. Studies by Bledsoe (1964) and Feldhusen and Thurston (1964) provide additional empirical evidence to back up Lipsitt's conclusions. Bledsoe states in summary: "the greater the number of (perceived) threats, the lower is the expected self-esteem score." In other words, the children least committed to the disturbed role were still able to perceive and become anxious about threatening stimuli from the real, adult world, while those too far gone into their delusional roles were much more difficult to reach from the outside.

Research has also been done on the relationship between anxiety, the self-concept, and the role of the student in our society. Leventhal and Sills (1964) in a study of self-image and school phobia, found

that children who refuse to go to school usually do so because they overvalue themselves and their achievements. They try to maintain their unrealistic self-images by avoiding all threatening, anxiety arousing situations. Such children usually have a permissive mother who encourages such behavior by siding with the child against the teacher and school authorities. In a study exploring child personality, Coopersmith (no date) concurred that children will try to avoid any situations in which anxiety-arousing stresses, such as possible failure, threaten to expose personal inadequacies. Many children need firm guidance to get them started on the life-long process of adapting aspirations to proven ability. Finally, Murphy (1962), in a study of the relationship between the self-concept and anxiety in college freshmen, found that higher anxiety, as measured by the Taylor MAS, was associated with actual-ideal discrepancies in the self-concept of students. The more discrepancy there was between his actual and ideal rating, the more anxious the student was.

Byrne (1964) discusses the discrepancy between actual and ideal self-perception scores in terms of the repression-sensitization dimension of personality. He discusses people who react to anxiety in two ways: Repressors, who avoid anxiety arousing stimuli and their consequences via repression, denial and rationalization; and Sensitizers, who reduce anxiety by approaching and/or controlling the anxiety arousing situation via intellectualization, obsessive behaviors, and ruminative worrying. He states that on tests such as those used to obtain actual and ideal self-ratings, the repressors tend to stress socially desirable characteristics, while the sensitizers tend to emphasize socially undesirable characteristics. Generally speaking, then, the manner in which individuals typically react to anxiety influences their responses to trait-descriptive self-concept tests. Such tests may, therefore, be better measures of ability to tolerate anxiety than of self-concept.

Studies in the realm of excess anxiety and related problems in childhood have, then, consistently concluded that there is a definite association between anxiety and discrepancies between how the child actually perceives himself and how he wishes he were. The higher his level of

anxiety, the greater will be the discrepancy. Since the ideal self-concept is the more stable of the two, the discrepancy is usually caused by an under or over evaluated actual self-concept. This indicates that a child with a low level of anxiety and little discrepancy between his actual and ideal self-ratings is either successfully avoiding (Byrnes Repressors) any stressful situations that may threaten him, or actually perceiving himself as behaving in accordance with his "ideal" self-image.

The Schizophrenic Child

It was a distinct disappointment to this author that of all the literature he compiled in preparation for this project, he was able to locate only one relatively recent article dealing specifically with the self-concept as it is related to schizophrenia in childhood. Fortunately, however, this article (Goldfarb, 1963) was not only extremely well written, informative, and comprehensive, but it also appeared to have escaped the plague of methodological and hypothetical construct problems which have already been described as rampant in self-concept literature.

In this study, a composite of research carried out over a period of years, Goldfarb found that schizophrenic children are especially inferior to "normals" in the "complex, behavioral functions that are essential in orientative and manipulative adjustment to reality." He is referring to such functions as speech, cognition, motility, and affectivity through which the child "gratifies his needs, tests reality, and adapts for purposes of survival." Goldfarb further found that these children possess both defective self-concepts and marked anxiety states, which is in agreement with studies on anxiety and self-concept already presented.

One of the most notable characteristics of the schizophrenic child is his impaired consciousness of his body, both its anatomy and its physiology, and its relation to his environment. Because of a severely defective ability to abstract or categorize his body's relationship to his environment, the schizophrenic child lacks an image of it that is stable in time and clear in form. It is not uncommon for a schizophrenic child to talk about, or even to treat parts of his body as if they were separate entities from himself. He can see his hand moving about, but cannot perceive that he is causing it to move or that he has constant control

over his actions. He may accidentally injure himself because he does not perceive his body as belonging to him. One of Goldfarb's patients, after hearing a reading of Alice in Wonderland, became obsessed with trying to force herself into any hole or crack she could find, regardless of its size.

Not only is the schizophrenic child severely impaired in his self-awareness of his external body, but he is also impaired in awareness of and control over its physiological needs. He does not realize that he can reduce physiological tensions, such as hunger, thirst, and bladder or bowel urgency. He may never eat unless spoon fed, or conversely, he may eat continuously until forced to stop. Many of Goldfarb's subjects would become extremely anxious because of these "inner tensions" which they did not understand.

Finally, schizophrenic children also have difficulty in conceptualizing and expressing their own emotions. They do not know what it means to be "happy" or "sad," and may ask incessant questions about how it feels to "want" or to "like." They may depend on others to tell them how they feel about something. These children do, obviously, have severely impaired self-concepts, for they fail even to perceive themselves as separate, self-motivating entities. They never seem to realize that they are more than just effects of environmental influences, but can also cause environmental phenomena. They do not go through the normal developmental stage of realizing "What I perceive to be happening results from what I am doing. What I am doing is a consequence of my intentions and volition. Further, what I do results in predictable action sequences, which are distinguishable from occurrences effected by forces outside myself." (Goldfarb, p. 48) The schizophrenic child does not develop a consciousness of himself as a whole, and of his non-self, i.e., his environment, as a whole, each separate from the other and yet clearly related. Thus, he reacts with behavior that is both disorganized and goalless, and his self-concept consists primarily of a confused formlessness.

The Non-Schizophrenic Psychotic Child

In the final part of this section, dealing with the development of

the self-concept in other, non-schizophrenic psychotic children, we will see that these children, like the schizophrenics, develop a severely impaired image of their own bodies and of their "selves" as a separate entity from their environments. Elkisch and Mahler (1959) point out that the psychotic child often completely lacks a sense of identity, and is perplexed about his body image and its boundaries. Like the schizophrenic child, he is confused about the parts of his body and has difficulty realizing that his limbs are parts of him over which he has control. The difference between the schizophrenic and other psychotic children, in this aspect, is that the latter exhibit a massive denial of external reality and exist in a world of delusion, a world that is, however, rarely pleasant, for it is one of diffuse anxiety and panic reactions. In their study of the self-concept as related to school phobia, Leventhal and Sills (1964) found that the most severely disturbed of their subjects had self-images that were over-evaluated to a delusional degree, and were in an almost constant state of anxiety and panic whenever they were forced to go to school because the fear of failure and the exposure of personal inadequacies was so incompatible with that over-evaluated self-image.

Psychotic children typically have difficulty in distinguishing between animate and inanimate objects. Subjects have been convinced that electric lights were animate and controlled their own actions, even when it was their own hand on the switch. Others became convinced that their bodies were inanimate machines over which they had no control, and would perform the same movement over and over, repeating "it will stop soon."

The psychotic child is also greatly impaired in the learning and expression of emotion. He may communicate by parroting others in his environment, copying not only their words but also their mannerisms, gestures, and facial expressions. Sometimes the child's parroting of another's emotion or expression is not entirely inappropriate to his situation, and it may even serve as an important link with the world of reality.

Farnham-Diggory (1966) points out that one of the psychotic child's chief limitations is his lack of a sense of "competence." If he can be taught that he has the ability to control and influence aspects of his environment, he will be better able to comprehend that he can also con-

trol his own body, i.e., his own behavior. It is this sense of competence that is so necessary for the child to obtain before he can develop a realistic self-concept, for the self-concept is based largely on how one sees oneself in relation to one's physical and social environment. Until he can perceive himself as an agent which can influence his environment and the people and objects within it, he will not be able to develop a concept of himself as an individual. Since the psychotic child lacks an appropriate symbol system, is unable to conceive of a future or a past but is "present bound," and since he is unable to think abstractly, to relate causes and effects, his self-concept consists of a "machine-like, semi-animate, preter-human image" (Elkisch and Mahler, 1959) which is, in effect, no self-concept at all.

Conclusion

The initial objective of this section was to research literature within the realm of research relating to development of the self-concept in both "normal" and "abnormal" childhood. It soon became apparent, however, that research in the area of the self-concept has been beset with a multitude of theoretical and empirical inconsistencies, and that one would have to have an awareness of the kind and extent of these problems before he could appreciate a discussion of any particular aspect of the field. For this reason, an overview of the field was presented and the following conclusions were drawn: a) there has been too much carelessness in methodology; b) there exists a dire need for the development of valid and reliable self-concept measuring scales; c) too much time has been wasted trying to deal with postulations of inferred variables which were not empirically founded; and d) there is a deplorable lack of unity in means and measures among investigators in the field, with many instances of ambiguous and contradictory data resulting.

With these limitations in mind, the self-concept as related to 1) the "normal" development of children as represented in the recent work of Coopersmith, and 2) the development of children with "abnormal" personalities, as represented by a variety of studies, was undertaken.

In Coopersmith's analysis of the self-concept as related to "normal" childhood, four basic factors were emphasized as being of major importance: 1) the interaction between the parent and the child with respect to acceptance, 2) the importance of the clear delineation of acceptable limits of behavior; 3) the necessity of mutual respect between parent and child; and 4) the relevance of the parent's own self-esteem which provides a model for the child as his own is developing.

With respect to recent literature relating the development of the self-concept to excessive anxiety, schizophrenia, and non-schizophrenic psychosis in childhood, the following conclusions were drawn: 1) a greater discrepancy between a child's actual and ideal perceptions of himself with lead to a higher level of anxiety; 2) children try to protect over-evaluations of their actual self-perceptions by avoiding anxiety arousing stresses 3) an overindulgent, permissive mother may make it too easy for such a child to avoid learning to face the normal stresses of reality; 4) schizophrenic and non-schizophrenic psychotic children are both characterized by severely defective self-concepts because they are unable to relate their bodies and their "selves" realistically to their environment, 5) the schizophrenic child's self-concept consists largely of a confused formlessness, and 6) the psychotic child lives in a world of delusion and diffuse anxiety and panic, largely because he has not developed a self-concept; he has not formulated a conception of himself as an animate, self-motivated, self-sustained entity separate from his physical and social environment.

An Experimental Approach

Within the psychological literature, the self-concept has traditionally been considered a single, pervasive entity that included all of personality. Over the past few decades, research investigators have typically approached the subject with that point of view. Wylie (1961) and Coopersmith (1967) have efficiently summarized the results of two decades of research that have been based largely on such an orientation, and conclude that due to a proliferation of uncoordinated effort in the use of terminology and in the development of adequate and effective measures

of the self-concept, few if any meaningful conclusions can be drawn.

Recently, a new orientation to the development of the self-concept has been formulated. Gergen (1965, 1968, 1971) is the principal exponent of a point of view which is currently gaining favor among theorists and researchers in the field. He concurs with Wylie and Coopersmith that more coordinated research effort is needed, but proposes another important reason for the overwhelming incidence of confusing and conflicting data which have been amassed on the topic. Gergen feels that the individual's self-concept, and his feelings of worth with respect to that self-concept, i.e., his self-esteem, are at any given point in time centered primarily around the social role or status which is of current major importance to that individual. These roles will change as the person's personality and social roles evolve throughout his life span. That is, different roles are of varying degrees of centrality to the individual's personality and consciousness as he develops through infancy, childhood, adolescence, and adulthood.

Assuming that one's self-concept and self-esteem at any given point in time are centered around the particular social role which is of paramount concern to him at that time, then it is not difficult to understand how invalid results would be obtained when only one measure of self-concept or esteem is administered. That single measure may be applicable to personality traits which are only relevant to a role which is not of major current concern to the subject. For this reason, Gergen concurs with Coopersmith's conclusion that one measure of the self-concept alone is inadequate. The most effective means of accurately ascertaining one's self-concept, they hold, is to administer as many varied measures of it as are feasible, approaching it from the subject's own point of view as well as from that of others who interact with him in a variety of significant social role contexts.

This methodology, however, would also seem to be inadequate, because it fails to attempt to determine exactly which role self-concept is of current vital concern to the identity of the subject. Such a "blanket" approach may be more likely to hit upon the most significant role, but it is even more likely to obscure this important factor, i.e., the tree will be lost in the forest. A possibly more effective

means of ascertaining the subject's self-concept and esteem with respect to the role of major concern to him at some given stage in his development would be to design a paradigm which would first attempt to designate which role or roles these are, and then to focus upon his self-concept and esteem with specific reference to those roles. Some developmental trends with respect to which social roles are of greatest concern to the individual at certain periods of his growth have been noted (Jourard, 1971), although these have not always been consistently substantiated, as was noted in the first section of the paper. However, the weight of the evidence is behind those that will be noted here.

During early childhood, the role of the individual as "son" or "daughter" is very probably of major concern to him, and subsequently is likely to be of major relevance to his self-concept and esteem. Dreyer and Haupt (1966), for example, found that kindergarteners whose mothers fostered autonomy and independence in their children by showing strong interest in and approval of their children's interests and activities, had more positive self-esteems than did peers whose mothers were more controlling of their children's behaviors. Thus, the child's concept of himself as a person is based largely upon this role. His esteem for himself would be largely determined by his perception of his parent's esteem for him. If he feels that they perceive him as primarily successful, i.e., a "good boy," he is likely to have a positive self-concept and self-esteem. If he is, on the other hand, a neglected child, or is a child of controlling, relatively unrewarding parents, he is likely to have a negative self-image and esteem.

During adolescence it is the individual's social roles and achievements with respect to his relationships with his peers that become of major importance to his feelings of identity and self-worth (Douvan and Adelson, 1966; Douvan and Gold, 1966). For girls this revolves principally around physical attractiveness and perceived popularity, while for boys it is centered primarily around athletic prowess and achievement in competitive areas and with respect to future career goals.

The extent to which a previous self-concept or esteem with respect to one social role can influence a later self-concept with respect to a different social role would be a very worthwhile area of research. This

investigator would propose that either a positive or a negative self-concept with respect to an early social role could serve to predispose an individual to similar self-evaluations with respect to later social roles, or it could bring about a fixation of the individual's self-concept upon an immature role. This would be particularly likely if the original self-evaluation was either unrealistically low or defensively high. Thus, a child who starts out with a poor parent-child relationship will be predisposed to a poor self-concept with respect to subsequent social roles, regardless of his actual cognitive potential to meet the requirements of those social roles. Conversely, the child who develops an unrealistically high self-concept in an early role is likely to maintain that evaluation in subsequent roles, regardless of his actual lack of ability to function successfully in those roles.

Gergen (1971) brings to the fore another important issue relevant to the study of the self-concept and esteem. This is the effect of the individual's motivation to maintain a consistent level of self-esteem with respect to each particular sub-identity or role-self-concept once it has been established. Not only does a positive self-concept with respect to an early social role tend to predispose the individual to develop a positive self-concept in relation to later social roles, but once an individual has established a stable self-concept with respect to a specific role identity, that concept becomes less and less susceptible to modification. Here Gergen refers to the necessary function of the defensive role of the ego for maintainance of a healthy personality, calling upon a basic tenant derived within the psychoanalytic framework. Any new information impinging upon the individual from his environment which is inconsistent with the perception already established is either misperceived in order to make it consistent, or it may be ignored, i.e., denied altogether.

Thus, Gergen's theory implies the existence of critical periods in the devopment of the self-concept and esteem with respect to various social roles. During the process of the formation of the self-evaluation with respect to a new, centrally important social role, the individual's successes and failures as he reacts to and within that role serve to guide the development of his self-concept in relation to that role.

After a point of stablilization has been attained, that self-concept and the self-esteem related to it become increasingly impervious to environmental influence and will in fact come to alter the individual's perceptions of those environmental factors. When an established self-concept is strongly and consistently threatened by the environment and the ego breaks down in its defenses, serious personality problems can result.

Burnstein and his associates (Burnstein, 1963 Burnstein, Moulton, & Liberty, 1963; Burnstein and Zajonc, 1965; Burnstein and Wolosin, 1968) have investigated the relationship of social role status and self-concept with respect to the individual's aspirations for a career goal. Burnstein et. al. (1963) found that the excellence of performance demanded by a role and the prestige it confers are positively related to the attractiveness of an occupational role for males in late adolescence. However, the young men with higher performance and achievement goals for themselves prefer occupational roles which demand greater excellence of performance relative to the prestige they confer, while those individuals with lower performance and achievement goals prefer the roles which confer high prestige relative to the excellence of performance they demand. If higher performance and achievement goals are positively correlated with higher self-concept and esteem, it would be expected that the individuals with higher self-esteems would put more value on the level of performance required of an occupational role than on the level of prestige it confers. However, as Klinger and McNelly (1969) have pointed out, in summarizing data on levels of aspiration such as those compiled by Heckhausen and his associates (1967, 1968), an individual may maintain a defensively high level of self-esteem by aspiring only to roles which he feels require performance of which he is certain to be capable. Thus, self-esteem and level of aspiration need not necessarily be postively correlated. An individual of high self-esteem may not aspire to a role requiring excellence of performance because he may have too great a fear of failure which would be damaging to that level of self-esteem he is trying to defend. (See Birney et. al., 1969, for a more detailed discussion of the fear of failure motive.)

Burnstein and Zajonc (1965) performed a study with undergraduate

males in which they investigated the relationship of individual task performance and experimentally manipulated status within a small peer group role structure. Status was conferred by assigning to group members different degrees of control over the group product. They found that performance at the simple reaction time task was positively correlated with the level of experimentally conferred status within the group, i.e., higher status led to better performance, lower status led to poorer performance. They did not control for or investigate the effects of the subjects' self-concepts within this paradigm.

The period of greatest theoretical and research impetus to date with respect to the development of the self-concept and esteem has been that of late childhood through adolescence. In light of Gergen's theory and the modifications of the techniques applied within his paradigm which have been proposed here, it would seem to be of great significance to the study of the self-concept and esteem to investigate the effects of achieved status within specific social roles upon other developmental factors during this life period. This would appear to be a worthwhile and potentially very fruitful direction for investigation to take, once some long overdue consistency in terminology and methodology has been established in self-concept research.

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